



## EXPATRIATES UNIT STUDY NEW APPLICATION FORM

(To be filled in by persons who are not nationals of an EU Member State, Iceland, Liechtenstein, Norway or Switzerland).  
This application is being submitted on the basis of the provisions of Conditions of Entry and Residence of Third-Country Nationals for the Purposes of Research, Studies, Training and Voluntary Service in the Mobility Project for Young People: Voluntary Projects Regulations (Subsidiary Legislation 217.22)

### 01 APPLICANT'S PERSONAL DETAILS

|                                                                                                                        |                                                                                                                                                                                                                       |   |   |   |   |   |   |   |                    |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|--------------------|---|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>Residence Permit No.</b>                                                                                            |                                                                                                                                                                                                                       |   |   |   |   |   |   |   |                    |   | <b>A</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Date of Issue</b>                                                                                                   | D                                                                                                                                                                                                                     | D | M | M | Y | Y | Y | Y | <b>Valid Until</b> | D | D        | M | M | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |
| <b>Surname</b>                                                                                                         | P                                                                                                                                                                                                                     | I | A | S | H |   |   |   |                    |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Name</b>                                                                                                            | A                                                                                                                                                                                                                     | B | U | K | A | W | S | E | R                  |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Maiden Surname</b><br>(If applicable)                                                                               |                                                                                                                                                                                                                       |   |   |   |   |   |   |   |                    |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Current Nationality</b>                                                                                             | B                                                                                                                                                                                                                     | A | N | G | L | A | D | E | S                  | H | I        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Nationality at Birth</b>                                                                                            | B                                                                                                                                                                                                                     | A | N | G | L | A | D | E | S                  | H |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Country of Birth</b>                                                                                                | B                                                                                                                                                                                                                     | A | N | G | L | A | D | E | S                  | H |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Place of Birth</b>                                                                                                  | B                                                                                                                                                                                                                     | R | A | H | M | A | N | B | A                  | R | I        | A |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Marital Status</b>                                                                                                  | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Cohabitant |   |   |   |   |   |   |   |                    |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Gender</b>                                                                                                          | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X                                                                                                                   |   |   |   |   |   |   |   |                    |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Date of Birth</b>                                                                                                   | 3                                                                                                                                                                                                                     | 1 | 1 | 2 | 2 | 0 | 1 | 4 |                    |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Telephone No.</b>                                                                                                   |                                                                                                                                                                                                                       |   |   |   |   |   |   |   |                    |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Mobile No.</b>                                                                                                      | +                                                                                                                                                                                                                     | 3 | 5 | 6 | 9 | 9 | 6 | 9 | 6                  | 0 | 0        | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Email Address</b>                                                                                                   | k                                                                                                                                                                                                                     | a | w | s | e | r | p | i | a                  | s | h        | m | a | l | t | a | @ | g | m | a | i | l | . | c | o | m |
| <b>Travel Document Type</b>                                                                                            | <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Foreign ID <input type="checkbox"/> Other (Specify)                                                                                             |   |   |   |   |   |   |   |                    |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Travel Document No.</b>                                                                                             | A                                                                                                                                                                                                                     | 1 | 2 | 2 | 1 | 2 | 5 | 4 | 8                  |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Country of Issue</b>                                                                                                | B                                                                                                                                                                                                                     | A | N | G | L | A | D | E | S                  | H |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Date of Issue</b>                                                                                                   | 1                                                                                                                                                                                                                     | 0 | 0 | 9 | 2 | 0 | 2 | 3 | <b>Valid Until</b> | 0 | 9        | 0 | 1 | 9 | 2 | 0 | 3 | 3 |   |   |   |   |   |   |   |   |
| <b>Period of time that will be spent residing in Malta during each calendar year within the validity of the permit</b> | <div>3 6 MONTHS</div> <div>days / months</div>                                                                                                                                                                        |   |   |   |   |   |   |   |                    |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

## 02 ADDRESS IN MALTA

|                   |           |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |  |  |   |   |   |   |   |   |   |  |  |
|-------------------|-----------|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|--|---|---|---|---|---|---|---|--|--|
| Property No./Name | 5         |   | H | A | S | T | E | R |   | F | L |  | 2 |   |   |   |   |   |  |  |   |   |   |   |   |   |   |  |  |
| Street Name       | T         | R | I | Q |   | M | A | N | W | E | L |  | D | I | M | E | C | H |  |  |   |   |   |   |   |   |   |  |  |
| Locality          | T         | A | S | - | S | L | I | E | M | A |   |  |   |   |   |   |   |   |  |  |   |   |   |   |   |   |   |  |  |
|                   | Post Code |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |  |  | S | L | M | 1 | 0 | 5 | 9 |  |  |

### 03 PERMANENT ADDRESS ABROAD

[illegible]

## 04 IMMIGRATION DETAILS

Date of first settlement in Malta

1

1

0

2

2

0

2

6

Intended Duration of stay in Malta

3

6

M

O

N

T

H

S

Country of Residence prior to Settlement in Malta

B

A

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G

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A

D

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S

H

Intended Country of Next Settlement

M

A

L

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A

Current legal authorization of stay in Malta

☒ Visa
☐ Residence Permit
☐ Visa Exempt

Purpose of this Authorization

V

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Country of Issue

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Date of Issue

1

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6

0

1

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6

Valid Until

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2

6

## 05 EDUCATIONAL ESTABLISHMENT DETAILS

|                                   |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |           |  |                 |  |  |               |  |  |  |  |  |  |  |  |
|-----------------------------------|---------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|-----------|--|-----------------|--|--|---------------|--|--|--|--|--|--|--|--|
| Name of Educational Establishment | A S C E N C I A B U S I N E S S S C H O O L M A L T A               |  |  |  |  |  |  |  |  |  |  |  |  |           |  |                 |  |  |               |  |  |  |  |  |  |  |  |
| Contact Person                    | I V A N P A D R O N                                                 |  |  |  |  |  |  |  |  |  |  |  |  |           |  |                 |  |  |               |  |  |  |  |  |  |  |  |
| Property No./Name                 | 23                                                                  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |                 |  |  |               |  |  |  |  |  |  |  |  |
| Street Name                       | V I N C E N D I M E C H S T R E E T                                 |  |  |  |  |  |  |  |  |  |  |  |  |           |  |                 |  |  |               |  |  |  |  |  |  |  |  |
| Locality                          | F L O R I A N A                                                     |  |  |  |  |  |  |  |  |  |  |  |  | Post Code |  |                 |  |  | F R N 1 5 0 2 |  |  |  |  |  |  |  |  |
| Telephone No.                     |                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |           |  |                 |  |  |               |  |  |  |  |  |  |  |  |
| Mobile No.                        | + 3 5 6 7 9 6 5 0 4 8 0                                             |  |  |  |  |  |  |  |  |  |  |  |  |           |  |                 |  |  |               |  |  |  |  |  |  |  |  |
| Email Address                     | I V A N @ A S C E N C I A M A L T A . M T                           |  |  |  |  |  |  |  |  |  |  |  |  |           |  |                 |  |  |               |  |  |  |  |  |  |  |  |
| Institution Licence No.           | 2 0 2 1 - 1 8                                                       |  |  |  |  |  |  |  |  |  |  |  |  |           |  |                 |  |  |               |  |  |  |  |  |  |  |  |
| Course Title                      | B A C H E L O R I N B U S I N E S S A D M I N I N I S T R A T I O N |  |  |  |  |  |  |  |  |  |  |  |  |           |  |                 |  |  |               |  |  |  |  |  |  |  |  |
| MQF Level                         | L E V E L - 6                                                       |  |  |  |  |  |  |  |  |  |  |  |  |           |  |                 |  |  |               |  |  |  |  |  |  |  |  |
| Duration From                     | 3 0 0 1 2 0 2 6                                                     |  |  |  |  |  |  |  |  |  |  |  |  | to        |  | 2 9 0 1 2 0 2 7 |  |  |               |  |  |  |  |  |  |  |  |

Educational Establishment Stamp

## 06 DECLARATION BY APPLICANT

I, hereby, solemnly declare that the information given in this application is true to the best of my knowledge and belief and that no details have been omitted that could be of direct importance when the application is considered.

Applicant's Signature

Date

2 4 0 2 2 0 2 6

## SUPPORTING DOCUMENTS

These regulations apply to third-country nationals accepted by an establishment licensed by the Malta Further & Higher Education Authority to pursue a full-time course of study leading to a higher education qualification. The qualification must be recognised by the Malta Qualification Recognition Information Centre at MQF level 5. Courses may also include a preparatory programme which leads to the higher-education qualification.

Third-country nationals who are visa exempt must submit their application for a residence permit within 90 days from their date of entry within the European Union territory. Other non-European nationals who need a visa to travel into Schengen Territory must be in possession of a visa issued for education purposes.

The original documents submitted with this application must be presented at the time of the biometrics appointment. Documents submitted must be in line with the latest published Policy by Identitá, establishing the standards for the recognition of foreign public documents.

### **Travel and Identity Documents**

- ☐ Full copy of the applicant's valid passport, including the blank pages;  
Proof of legal status in Malta.

### **Course Information**

- ☐ A copy of the acceptance letter from the education institution (which shall be licensed by MFHEA) indicating the exact period of study and the details of the course, particularly its MQF level which shall be a full time course. The applicant must provide evidence of settlement of the relevant tuition fees. Tuition hours must exceed 15 hours per week. The details must be presented on an official letterhead of the establishment and signed by the responsible official. The documentation must include a confirmation from the education institution that the student holds sufficient knowledge of the language of the course being followed including starting and ending date of the recently issued document.

### **Means of Subsistence**

- ☐ A copy of the bank statement or money transfer receipts of the previous 3 months showing adequate funds to support the applicant's stay in Malta during the whole period of study. The funds must amount to at least 60% of the national equivalised income threshold which is calculated based on the equivalent household size (indicated by NSO), for the year or at a pro-rata basis if the course is shorter. In exceptional circumstances each case will be considered on each own merit.  
When relying on a foreign bank account, the applicant must confirm accessibility to the funds through a debit/credit card and corresponding withdrawal chits from a local bank.  
An applicant whose stay in Malta is financially supported by a third party must present a signed declaration from the sponsor together with a copy of the sponsor's identity document. The latter has to include the date and the contact details of the sponsor. The bank statement of the applicant must show the funds being deposited to his/her account.

### **Health Screening**

- ☐ Applicants undertaking courses lasting less than three months are exempt from mandatory health screening procedures. Health Screening Approval email sent to the applicant/employer by IDCU. Requirements for Health Screening may be found on: [https://hpd.gov.mt/idcu/healthscreening/healthscreening\\_foreign\\_students](https://hpd.gov.mt/idcu/healthscreening/healthscreening_foreign_students).

### **Health Insurance Plan <sup>1</sup>**

- ☐ Health insurance policy with a minimum coverage limit of €100,000, providing medical treatment including hospitalisation coverage in Malta and, if necessary, in other European countries for each dependent. The health insurance is to be presented then during the biometric appointment. The insurance policy must have a validity covering the entire period of stay in Malta. Students pursuing a course of study with the University of Malta, the Malta College of Arts, Science & Technology or the Institute of Tourism Studies are exempt from this requirement; ;

### **Accommodation**

- ☐ A copy of the lease agreement signed by both landlord and tenant, which must include the full name, ID Card number of landlord, rental address. The name of the tenant must match the name on the passport. If the Landlord is not Maltese, a purchase agreement of the same premises must be presented.
- ☐ A copy of the approval letter issued by the Housing Authority for the registration of property as a rental as per Cap. 604 of Maltese legislation.
- ☐ Lease Agreement Professional Attestation Form (provided on Identita's website) duly filled in and signed by the landlord and a lawyer/ notary/ legal procurator- only required for new applications or if a new address is registered upon renewal.

- ☐ Students using the school accommodation are exempted from presenting a lease agreement. The relevant information must be included in the acceptance letter referred to in Point 2. The information must state that the property is being used by the institution for accommodating its own students.
- ☐ Students being hosted in a local household must present a copy of the license issued by the Malta Tourism Authority to the host.

<sup>1</sup>The health sickness requirement applies to those students who are not exempt under the Healthcare Fees Regulation 2004 (Legal Notice 201/2004).

- ☐ **Documents required where the applicant is a minor**  
Where the applicant is a minor, the applicant must submit a copy of their birth certificate, a copy of the parents'/guardians' passports and parental authorisation. Parental authorization must be dated and signed by parents/guardians.
- ☐ **Other documents**  
Identitá may request an applicant to provide further documents, as necessary.

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### NOTES TO THE APPLICANTS

A residence permit is issued for a maximum period of one year, or for the duration of their studies, where this is shorter unless the application is pertaining to courses which are covered by Union or multilateral programmes that comprise mobility measures or by an agreement between two or more higher education institutions, in which case the residence permit shall be valid for two years, or for the duration of their studies, where this is shorter.

Students holding a residence permit may take up employment for a maximum period of 15 hours per week, as long as they are in possession of an employment licence.

Further information in this respect may be obtained from Jobsplus website: [jobsplus.gov.mt](https://jobsplus.gov.mt).

## PRIVACY POLICY

By submitting the CEA Form N.01 and the attachment(s) required (altogether the "Form"), you provide Identità with personal data (the "Data") and thus become a "data subject".

The aim of this policy is to comply with our transparency and fairness obligations under GDPR and to inform you about who will be processing your Data, for what purpose, for how long it will be kept, with whom it will be shared and about your rights as a data subject under GDPR.

You may submit personal data of individuals other than yourself with this Form (i.e. recommenders, witnesses, etc.). Identità has assessed that, in said cases, informing these individuals proves impossible and would involve a disproportionate effort. Identità will still take appropriate measures to protect the rights, freedoms and legitimate interests of these individuals.

### 01 Data Controller and Data Protection Officer

Identità is the data controller, meaning the entity that defines the purposes and means for collecting and processing your Data in relation to this Form.

Identità is an Agency of the Government of Malta, delivering services related to Identity Cards, Passports, Visas, Expatriates and Public Registry.

Identità's Data Protection Officer is responsible to attend any query related to this policy and in general to personal data processing activities conducted by Identità. The Data Protection Officer may be contacted using the details below.

Postal Address:

Data Protection Officer

Identità

Valley Road, Msida, MSD 9020, Malta

E-mail: [dataprotection.identita@gov.mt](mailto:dataprotection.identita@gov.mt)

### 02 Purposes and legal basis

The purpose for processing personal data collected within this form is to process an application to issue a residence permit to third country nationals for the purpose of research, studies, training and voluntary service in the mobility project for young people and populating Identità's databases.

The legal basis for processing the Data is the performance of a task carried out in the public interest by Identità and compliance with the legal obligation deriving from the S.L. 217.22, to which Identità is subject. We take pride in keeping your data secure and will take appropriate technical and organisational measures to protect your data against unauthorised or unlawful processing, including against accidental loss, destruction, storage or access. Your personal data will be stored in paper files and/or electronically on our technology systems.

### 03 Recipients of personal data

Data will be accessed by Identità employees in charge of processing the Form.

It may also be transferred to other departments within Identità in order to facilitate the delivery of the service requested by submitting this Form. Data will also be transferred to the Police Immigration Office and the National Statistics Office.

This will be done in line with data protection legislation, and arrangements are in place in order to guarantee the security and lawfulness of these transfers.

Under certain conditions, Identità may disclose your information to other third parties, (such as other Government entities or law enforcement authorities) if it is necessary and proportionate for lawful, specific purposes.

Data will not be transferred to third countries or international organizations.

### 04 Storage period

Data will be retained for 10 years (from the moment that the file/s is/are considered as dormant).

### 05 Your rights

You can contact the Data Protection Officer in order to exercise your right to access, rectify and, as the case may be, erase the Data, in compliance with applicable laws.

You also have the right to object to the processing of Data at any time, on grounds relating to your particular situation.

If you feel that Identità has infringed your data protection rights, you may submit a complaint to the supervisory authority of the Member State of your habitual residence or place of work, or, alternatively, to the supervisory authority of the Member State where the alleged infringement has taken place.

#### IDENTITÀ

Triq il-Wied, L-Imsida, MSD 9020, MALTA

**T** +356 2590 4000

**W** [www.identita.gov.mt](http://www.identita.gov.mt)

**E** [enquiries.identita@gov.mt](mailto:enquiries.identita@gov.mt)

#### EXPATRIATES UNIT

Triq il-Wied, L-Imsida, MSD 9020, MALTA

**T** (+356) 2590 4800

**W** [www.identita.gov.mt](http://www.identita.gov.mt)

**E** [noneu.identita@gov.mt](mailto:noneu.identita@gov.mt)